

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/402488

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		①					69						
20	1		1				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26		6					76						
27		6					77						
28		①					78						
29							79						
30							80						
31	1		1				81						
32							82						
33							83						
34							84						
35		4					85						
36		4					86						
37		4					87						
38		①					88						
39	1		1				89						
40	1		1				90						
41	1		1				91						
42	1		1				92						
43		2					93						
44		①					94						
45	1		1				95						
46		1					96						
47	1		1				97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			38				TOTAL DEP.						
TOTAL CLAIMS			47				TOTAL CLAIMS						